

LOCAL AGENCY INVESTMENT FUND
AUTHORIZATION FOR TRANSFER OF FUNDS

DATE

AGENCY NAME

LAIF ACCOUNT #

ADDITIONS

Name	Title	Signature

DELETIONS

Name

Please mail completed form to:

*State Treasurer's Office
Local Agency Investment Fund
P.O. Box 942809
Sacramento, CA 94209-0001*

Print Title

Print Name

X _____
Authorized Signature
(Must be authorized per Resolution)

Print Title

Print Name

X _____
Authorized Signature
(Must be authorized per Resolution)

Two authorized signatures required

LOCAL AGENCY INVESTMENT FUND

AUTHORIZATION FOR ADDITIONS OF BANK AND/OR ACCOUNT NUMBERS *

DATE

AGENCY NAME

LAIF ACCOUNT #

Bank name, branch number,
bank address & telephone
number

Account & ABA number
(attach complete wiring
instructions if applicable)

Correspondent bank
(STO receiving bank)

*Subject to verification by State Treasurer's Office

AUTHORIZATION FOR DELETIONS OF BANK AND/OR ACCOUNT NUMBERS

Bank name

Account number

Print Title

Print Title

Print Name

Print Name

X _____
Authorized Signature
(Must be authorized per Resolution)

X _____
Authorized Signature
(Must be authorized per Resolution)

Two authorized signatures required

PLEASE MAIL COMPLETED FORM TO:

STATE TREASURER'S OFFICE
LOCAL AGENCY INVESTMENT FUND
P.O. BOX 942809
SACRAMENTO, CA 94209-0001